FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

755661

(6)

HAMBURG-LOVETT VOLUNTEER FIRE DEPARTMENT, INC.

FILED Jan 30 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					1 (##161 01831 01101 01111 01110 01	WE 1791 WINDS WINDS WINES	18(1 S181) VISI) 1801
ROUTE 3 - HIGHWAY #150 N GREENVILLE FL 32331		ROUTE 3 - HIGHWAY #150 N GREENVILLE FL 32331-9803					
					3. Date Incorporated or Qualific 12/23/1980		Last Report)/1996
L `	lace of Business	2a. Mailing Address		4. FEI Number			
<u> </u>		26					Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 -	.75 Additional see Required	
City & State		27 City & State		S Flashing Committee Financia		5.00 May Be	
23		28		 Election Campaign Financing Trust Fund Contribution 		dded to Fees	
Zip Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New	Registered Agent	
			81	Name			
CAVE, WILLIAM R			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	S RANGE ST		-				
MADISON	N FL FL 32340		83				
			84	City		FL B5	Zip Code
11 Purcuant	to the provisions of Sections 617 050	2 and 617 1508. Florida Statutos	s the abov	o-named	corporation submits this statement for the		aina its realistered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	uthorized b	y the corp	corporation submits this statement for to poration's board of directors. I hereby a	cept the appointme	ent as registered
	m tamiliar with, and accept the oblig	ations of, Section 617.0503, Fior	ida Statute	5.			
SIGNATURE .	Signature, typed or printed name of registered ago	ent and lete if applicable (NO1E	Registered Ag	ent's gnature	required when relinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O		
TITLE	STD	☐ DELĒTĒ	1.1 11TLE				hange [_] Addition
NAME	DAY, BERTHA		1.2 NAME				
STREET ADDRESS	RT 3-HIGHWAY #150 N	1	1.3 STREE	T ADDRESS			, 1
CITY - ST - ZIP	GREENVILLE, FL 00000	DELETE	1.4 CITY - :	ST · ZIP	FC	Пс	hange Addition
TITLE	FC NORMS OFFINE	C DEFEIE	2.1 TITLE		movel at marris		laringe [] Addition
NAME	NORRIS, GERALD RT 3-HIGHWAY #150 N		2.2 NAME	I ADDRESS	marshall norris Rt3, Bal72C Greenville, Fla.		
STREET ADDRESS	GREENVILLE, FL 00000			et zin	Cry and illa Sta	32521	
CITY-ST-ZIP TITLE			2. 4 CITY - 3.1 TITLE	21-211.	Orecholine, Jia.	00.00	hange Addition
NAME	BROOKS, PAUL M JR.						
STREET ADDRESS	RT 3 BOX 134A			1 ADDRESS			
CITY-ST-ZIP	GREENVILLE FL		3.4 CITY-				
TITLE	D	DELETE	4.1 TITLE			C	hange 🔲 Addition
NAME	BROOKS, PAUL		4. 2 NAME				
STREET ADDRESS	RT., HIGHWAY #150N		4.3 S1REE	1 ADDRESS			
CITY-ST-ZIP	GREENVILLE FL		4.4 C(TY -	ST-ZIP			
TITLE	D	DELETE	5.1 TITLE			□ c	hange 🔲 Addition
NAME	LEWIS, AUBREY		5.2 NAME				
STREET ADDRESS	RT.3 HWY 150 N		5.3 STREE	t adoress			
CiTY+ST-ZIP	GREENVILLE FL		5.4 C(TY-	ST-ZIP			
TITLE	D	DELETE	6.1 TITLE			□ c	hange 🔲 Addition
NAME	PFEIL, BEN		6.2 NAME				
STREET ADDRESS	RT. 3 HWY 146		6.3 STREE	1 address			
CITY-ST-ZIP	MADISON FL		6.4 CITY -	ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.